

PREVENTION *Report*

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FOCUS

PHYSICAL ACTIVITY AND FITNESS—Improving health, fitness, and quality of life through daily physical activity.

Overview of Physical Activity and Fitness Issues

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Virtually all individuals benefit from regular physical activity.¹ A Surgeon General's report on physical activity and health concluded that moderate physical activity could reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure.¹ There also is suggestive evidence that physical activity may protect against lower back pain and some other forms of cancer (for example, breast cancer).^{2,3}

On average, physically active people outlive those who are inactive.^{4,5,6,7,8} Regular physical activity also helps older adults maintain their independence and enhances the quality of life for people of all ages.^{9,10,11}

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity. Regular physical activity is especially important for people who have joint or bone problems and has been shown to improve muscle function, cardiovascular function, and physical performance.¹² However, people with arthritis (20 percent of the adult population) are less active than those without arthritis.¹³ People at risk for osteoporosis, a chronic condition affecting more than 25 million people in the United States, may respond positively to regular physical activity, particularly weight-bearing activities, such as walking.¹⁴ Bone mineral density increases with improvement in aerobic fitness and muscular strength.¹⁵

Although vigorous physical activity is recommended for improved cardiorespiratory fitness, increasing evidence suggests that moderate physical activity also can have significant health benefits, including a decreased risk of CHD. For people who are inactive, even small increases in physical activity are associated with measurable health benefits. In addition, moderate physical

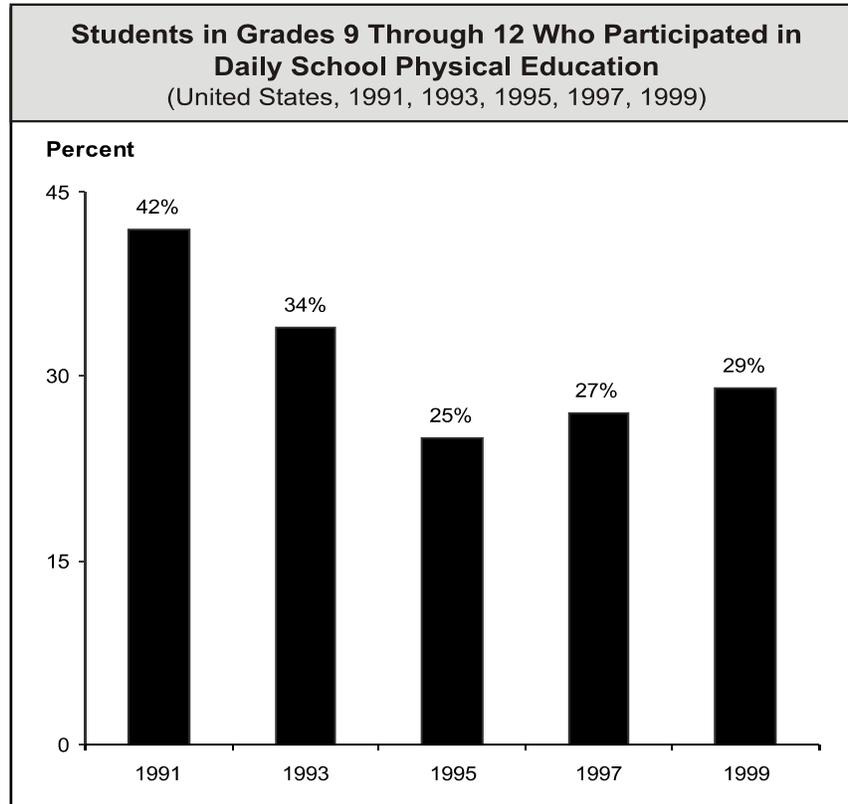
activity is more readily adopted and maintained than vigorous physical activity.¹⁶ As research continues to illustrate the links between physical activity and selected health outcomes, people will be able to choose physical activity patterns optimally suited to individual preferences, health risks, and physiologic benefits.

Recent Trends in Physical Activity and Fitness

Few individuals engage in regular physical activity despite its documented benefits. Only about 32 percent of adults in the United States report the recommended levels of either regular, vigorous physical activity for 20 minutes or longer 3 or more days per week, and/or regular, moderate physical activity 5 or more days per week for 30 minutes or longer per day. In addition, 29 percent of adults do not engage in sufficient levels of physical activity to accrue health benefits, and 39 percent of adults do not participate in any leisure-time physical activity at all.

Existing Disparities in Physical Activity and Fitness

The proportion of the population reporting no leisure-time physical activity is higher among women than men, higher among African Americans and Hispanics than whites, higher among older adults than younger adults, and higher among the less affluent than the more affluent. Participation in all types of physical activity declines strikingly as age or grade in school increases. In general, persons with lower levels of education and income are least active in their leisure time. Adults in North Central and Western States tend to be more active than those in the Northeastern and Southern States. People with disabilities and certain health conditions are less likely to engage in moderate or vigorous physical activity than are people without disabilities. Health promotion efforts need to identify barriers to physical activity faced by particular population groups and to develop interventions that address these barriers.¹ Data demonstrate that major decreases in vigorous physical activity occur during grades 9 through 12. This decrease is more profound for girls than for boys, whether the measure is engaging in vigorous physical activity in general or in team sports. Strategies to increase the amount of physical activity for boys and girls must address these differences and must begin before the disparities in levels of physical activity manifest themselves. Compared to boys, girls are less likely to participate in team sports but more likely to participate in aerobics or dance. Often girls and boys perceive different benefits from physical activity, with boys viewing such activity as competition and girls as weight management. These factors must be considered in developing programs to address the needs of girls. Because boys are more likely than girls to have higher self-esteem and greater physical strength, programs addressing the needs of girls should provide instruction and experiences that increase their confidence and their opportunities to participate in activities, as well as social environments that support involvement in a range of physical activities. Because children spend most of their time in school, the type and amount of physical activity encouraged in schools are important components of a fitness program and a healthy lifestyle.



Source: CDC, NCHS. Youth Risk Behavior Surveillance System (YRBSS), 1991, 1993, 1995, 1997, 1999.

Opportunities To Improve Physical Activity and Fitness

The *Healthy People 2010* objectives (<http://www.healthypeople.gov/>) offer opportunities to ensure that physical activity and fitness become part of regular healthy behavioral patterns. Encouraging any type or amount of physical activity in leisure time can provide important health benefits, compared to a sedentary lifestyle.

Activities that promote strength and flexibility are important because they may protect against disability, enhance functional independence, and encourage regular physical activity participation. These benefits are particularly important for older people. A good quality of life means being functionally independent and being able to perform the activities of daily living.

Efforts to increase physical activity must address the specific barriers that inhibit physical activity among different population groups. Older adults, for example, may need information about safe walking routes. Persons with foot problems may need to learn about proper foot care and footwear to reach appropriate activity levels. People with CHD and other chronic conditions must understand the importance of regular physical activity to maintain physical function. Each person should recognize that starting out slowly with an activity that is enjoyable and gradually increasing the frequency and duration of the activity are central to the adoption and maintenance of physical activity behavior. Along with the public education efforts, public programs in a variety of settings (recreation centers, worksites, healthcare settings, and schools) may need to be developed, evaluated, and shared as potential models. The major barriers most people face when

trying to increase physical activity are time, access to convenient facilities, and safe environments in which to be active.

List of *Healthy People 2010* Objectives

Physical Activity in Adults

- 22-1. Reduce the proportion of adults who engage in no leisure-time physical activity.
- 22-2. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- 22-3. Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Muscular Strength/Endurance and Flexibility

- 22-4. Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.
- 22-5. Increase the proportion of adults who perform physical activities that enhance and maintain flexibility.

Physical Activity in Children and Adolescents

- 22-6. Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.
- 22-7. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- 22-8. Increase the proportion of the Nation's public and private schools that require daily physical education for all students.
- 22-9. Increase the proportion of adolescents who participate in school physical education every day.
- 22-10. Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.
- 22-11. Increase the proportion of adolescents who view television 2 or fewer hours on a school day.

Access

- 22-12. (Developmental) Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of

normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).

22-13. Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.

22-14. Increase the proportion of trips made by walking.

22-15. Increase the proportion of trips made by bicycling.

Related Objectives from Other Focus Areas

1. Access to Quality Health Services

1-2. Health insurance coverage for clinical preventive services

1-3. Counseling about health behaviors

2. Arthritis, Osteoporosis, and Chronic Back Conditions

2-2. Activity limitations due to arthritis

2-3. Personal care limitations

2-8. Arthritis education

2-9. Cases of osteoporosis

2-11. Activity limitations due to chronic back conditions

3. Cancer

3-5. Colorectal cancer deaths

3-7. Prostate cancer deaths

3-9. Sun exposure and skin cancer

3-10. Provider counseling about cancer prevention

4. Chronic Kidney Disease

4-8. Medical therapy for persons with diabetes and proteinuria

5. Diabetes

5-1. Diabetes education

5-2. New cases of diabetes

5-3. Overall cases of diagnosed diabetes

5-4. Diagnosis of diabetes

5-5. Diabetes deaths

5-6. Diabetes-related deaths

5-7. Cardiovascular disease deaths in persons with diabetes

6. Disability and Secondary Conditions

6-2. Feelings of depression among children with disabilities

6-3. Feelings of depression interfering with activities among adults with disabilities

6-4. Social participation among adults with disabilities

6-9. Inclusion of children and youth with disabilities in regular education programs

6-10. Accessibility of health and wellness programs

- 6-12. Environmental barriers affecting participation in activities
- 6-13. Surveillance and health promotion programs
- 7. Educational and Community-Based Programs**
 - 7-2. School health education
 - 7-3. Health-risk behavior information for college and university students
 - 7-5. Worksite health promotion programs
 - 7-6. Participation in employer-sponsored health promotion activities
 - 7-7. Patient and family education
 - 7-9. Healthcare organization sponsorship of community health promotion activities
 - 7-10. Community health promotion programs
 - 7-11. Culturally appropriate and linguistically competent community health promotion programs
 - 7-12. Older adult participation in community health promotion activities
- 8. Environmental Health**
 - 8-1. Harmful air pollutants
 - 8-2. Alternative modes of transportation
 - 8-9. Beach closings
 - 8-20. School policies to protect against environmental hazards
- 9. Family Planning**
 - 9-11. Pregnancy prevention education
- 11. Health Communication**
 - 11-1. Households with Internet access
 - 11-4. Quality of Internet health information sources
- 12. Heart Disease and Stroke**
 - 12-1. Coronary heart disease (CHD) deaths
 - 12-7. Stroke deaths
 - 12-9. High blood pressure
 - 12-10. High blood pressure control
 - 12-11. Action to help control blood pressure
 - 12-13. Mean total blood cholesterol levels
 - 12-14. High blood cholesterol levels
 - 12-16. LDL-cholesterol level in CHD patients
- 15. Injury and Violence Prevention**
 - 15-1. Nonfatal head injuries
 - 15-2. Nonfatal spinal cord injuries
 - 15-13. Deaths from unintentional injuries
 - 15-14. Nonfatal unintentional injuries
 - 15-16. Pedestrian deaths
 - 15-18. Nonfatal pedestrian injuries
 - 15-21. Motorcycle helmet use
 - 15-23. Bicycle helmet use
 - 15-24. Bicycle helmet laws
 - 15-27. Deaths from falls

- 15-28. Hip fractures
- 15-29. Drownings
- 15-31. Injury protection in school sports
- 16. Maternal, Infant, and Child Health**
 - 16-3. Adolescent and young adult deaths
 - 16-12. Weight gain during pregnancy
- 17. Medical Product Safety**
 - 17-2. Linked, automated information systems
 - 17-3. Provider review of medications taken by patients
 - 17-5. Receipt of oral counseling about medications from prescribers and dispensers
- 18. Mental Health and Mental Disorders**
 - 18-5. Eating disorder relapses
 - 18-7. Treatment for children with mental health problems
 - 18-9. Treatment for adults with mental disorders
- 19. Nutrition and Overweight**
 - 19-1. Healthy weight in adults
 - 19-2. Obesity in adults
 - 19-3. Overweight or obesity in children and adolescents
 - 19-16. Worksite promotion of nutrition education and weight management
- 20. Occupational Safety and Health**
 - 20-1. Work-related injury deaths
 - 20-2. Work-related injuries
 - 20-3. Overextension or repetitive motion
 - 20-9. Worksite stress reduction programs
- 23. Public Health Infrastructure**
 - 23-2. Public access to information and surveillance data
 - 23-5. Data for Leading Health Indicators, Health Status Indicators, and Priority Data Needs at Tribal, State, and local levels
 - 23-17. Population-based prevention research
- 24. Respiratory Diseases**
 - 24-1. Deaths from asthma
 - 24-2. Hospitalizations for asthma
 - 24-3. Hospital emergency department visits for asthma
 - 24-4. Activity limitations
 - 24-5. School or work days lost
 - 24-6. Patient education
 - 24-7. Appropriate asthma care
- 25. Sexually Transmitted Diseases**
 - 25-11. Responsible adolescent sexual behavior
 - 25-12. Responsible sexual behavior messages on television
- 26. Substance Abuse**
 - 26-9. Substance-free youth
 - 26-14. Steroid use among adolescents

26-17. Perception of risk associated with substance abuse

26-23. Community partnerships and coalitions

27. Tobacco Use

27-1. Adult tobacco use

27-2. Adolescent tobacco use

27-3. Initiation of tobacco use

27-4. Age at first tobacco use

27-5. Smoking cessation by adults

27-7. Smoking cessation by adolescents

28. Vision and Hearing

28-9. Protective eyewear

¹ U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, 1996.

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SPOTLIGHT

New CDC Study Finds Obesity Among Youth Exacts an Enormous Healthcare Burden, Jeopardizes Individual Health

On May 1, the U.S. Department of Health and Human Services (HHS) (www.hhs.gov) released the findings of a new study which showed that public health problems associated with obesity among the Nation's youth are causing a major economic burden and jeopardizing individual health.

The study, which was conducted by the Centers for Disease Control and Prevention (CDC) (www.cdc.gov), found that obesity-related annual hospital costs increased threefold over the 20-year period from 1979 to 2000. During that time, annual hospital costs for obesity-related conditions among youth ages 6 to 17 increased from \$35 million to \$127 million.

Additional findings include the following:

- In the past 20 years, the percentage of patients discharged from a hospital with a diagnosis of obesity tripled from 0.36 percent to 1.07 percent.
- Obesity-associated diseases such as type 2 diabetes nearly doubled from 1.43 percent to 2.36 percent.
- Obesity-related gallbladder diseases tripled from 0.18 percent to 0.59 percent.
- Obesity-related sleep apnea increased fivefold from 0.14 percent to 0.75 percent.

Entitled "Economic Burden of Obesity in Youths Ages 6 to 17 Years: 1979-1999," the study was published in the May 2002 electronic pages of *Pediatrics* (www.pediatrics.org). It is based upon an analysis of the National Hospital Discharge Survey (NHDS), Multi-Year Data File 1979-1999. The NHDS recorded annual discharges from inpatient records acquired from a nationally representative sample of hospitals.

In announcing the study findings, HHS Secretary Tommy G. Thompson said, "The study adds to the evidence that poor dietary habits and sedentary lifestyles among young people carry many health risks and impose a severe economic burden on our society. There are many steps that parents, schools, and communities can do to help minimize overweight and obesity among young people."

To help promote community collaboration to tackle this important public health challenge, HHS has allocated \$27.8 million for Fiscal Year 2002 to support 12 State nutrition and physical activity programs and to support public health research on physical activity and nutrition. This effort will augment current HHS activities to promote physical activity and fitness throughout the

United States. A summary of these activities is available at www.hhs.gov/news/press/2002pres/physactive.html.

Previous HHS data indicate that 60 percent of adults in the United States are overweight or obese. The prevalence of overweight and obesity among children and adolescents has skyrocketed in the past 2 decades. In 1999, the prevalence of overweight among children ages 6 to 11 and adolescents ages 12 to 19 was 13 percent and 14 percent, respectively. Physical inactivity and unhealthy eating habits contribute to obesity, cancer, cardiovascular disease, and diabetes—diseases that are responsible for at least 300,000 deaths in the United States each year.

To obtain a copy of the article, contact the CDC at 770-488-5820. Online information about nutrition and physical activity is available at www.cdc.gov/nccdphp/dnpa or by calling 888-CDC-4NRG.

ACTIVITIES

New HHS Initiative Promotes Community Partnerships To Improve Physical Activity. HHS Secretary Tommy G. Thompson recently called on families, communities, and businesses to work together to increase physical activity among children. The new initiative was announced in conjunction with the findings of a new Centers for Disease Control and Prevention (CDC) study, which found that public health problems associated with obesity among the Nation's youth are exacting an enormous health care burden and seriously jeopardizing individual health. CDC researchers found that obesity-related annual hospital costs for young people ages 6 to 17 increased threefold between 1979 and 2000—from \$35 million in 1979 to \$127 million in 2000. More information about the study is available in the Spotlight section of this report. In addition, CDC (www.cdc.gov) has allocated \$27.8 million in Fiscal Year 2002 funds to support 12 State nutrition and physical activity programs, and associated research.

President's 2003 Budget Slates New Healthy Communities Innovation Initiative. In his Fiscal Year 2003 budget (www.whitehouse.gov/omb/budget), President George W. Bush proposes \$20 million for the Healthy Communities Innovation Initiative. This new effort is designed to leverage community resources to help prevent diabetes, asthma, and obesity. The program will fund demonstration projects in five communities to increase access to services, to encourage positive behavior change, and to improve community health.

Office of Women's Health, CDC, and the National Osteoporosis Foundation Launch New National Bone Health Campaign. The HHS Office on Women's Health (www.4woman.gov/owh) CDC (www.cdc.gov), and the National Osteoporosis Foundation (www.nof.org) have launched the National Bone Health Campaign, "Powerful Bones: Powerful Girls." The campaign is designed to educate and encourage girls ages 9 to 12 to establish lifelong healthy habits, especially increased calcium intake and physical activity. These simple steps will reduce their risk for osteoporosis later in life. More information about the campaign is available at www.cdc.gov/powerfulbones.

CDC and World Health Organization Join Forces To Increase Physical Activity. CDC's Division of Nutrition and Physical Activity (www.cdc.gov/nccdphp/dnpa) has been designated as a World Health Organization Collaborating Center on Physical Activity. Priority areas for the

center include surveillance, economic and policy analysis, physical activity program development, partnership development and collaboration, consensus and community guidelines, and active community environments.

The Active Community Environments Initiative. CDC (www.cdc.gov) is working with Federal and private sector partners to promote the development of accessible recreation facilities, including more opportunities for walking and cycling. For example, the project includes:

- A partnership with the National Park Service’s Rivers, Trails, and Conservation Assistance Program (<http://www.nps.gov/ncrc/programs/rtca>) to promote the development and use of neighborhood parks and recreational facilities;
- The development of a guidebook for public health practitioners to use in partnering with transportation and city-planning organizations to promote walking, cycling, and neighborhood recreation facilities;
- CDC’s “Walk to School” Program (www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm), which encourages children to walk to and from school in groups accompanied by adults; and
- The GreenStyles Survey (www.cdc.gov/nccdphp/dnpa/aces.htm), developed jointly by CDC and the U.S. Environmental Protection Agency, examines the effects of environmental, social, and personal variables on walking and cycling.

NHLBI Joins with the National Recreation and Park Association to Support Hearts n’ Parks. This national, community-based program is supported by the National Heart, Lung and Blood Institute (www.nhlbi.nih.gov) and by the National Recreation and Park Association (www.nrpa.org). It is designed to reduce the growing trend of obesity and the risk of coronary heart disease by encouraging people of all ages to seek a healthy weight, to follow a heart-healthy eating plan, and to engage in regular physical activity. More information is available at www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk.

Surgeon General Calls for New Efforts to Reduce and Prevent Overweight and Obesity.

The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity outlines strategies that communities can use in addressing the health problems associated with overweight and obesity, including requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages. More information is available at www.surgeongeneral.gov/topics/obesity.

PCPFS Enhances the President’s Challenge Physical Activity and Fitness Awards Program (www.fitness.gov/challenge/challenge.html). The President’s Challenge has three distinct program areas with separate awards—active lifestyle, physical fitness, and health fitness. The fall, for the very first time, the award will be extended to adults of all ages. Teachers, parents, and youth leaders will be asked to serve as role models to young people and actually “walk the talk” by earning their own Presidential Adult Active Lifestyle Award. In addition to individual awards, schools can earn recognition through the State Champs, Active Lifestyle Model Schools, and Physical Activity and Fitness Demonstration Centers. Applications and information are available at www.indiana.edu/~preschal.

President Bush Launches Healthier U.S. Initiative. On June 20, 2002, President Bush called on all people in the United States to become more active and unveiled his administration’s Healthier U.S. Initiative. The President stressed that “every little bit counts” and encouraged Americans to do what they can to be more active in their daily lives. The initiative was launched at the first-ever White House Fitness Expo, with about 2,000 participants of all ages.

President Bush Names PCPFS Council Members. President Bush recently named 20 private citizens to serve as PCPFS Council members, including former National Football League star receiver Lynn Swann as Chair, and USA softball gold medalist Dot Richardson as Vice Chair. The Council advises both the President and the HHS Secretary on matters pertaining to physical activity, fitness, and sports. The full list of Council members and biographical information is available at www.fitness.gov.

IN THE LITERATURE

Effect of Aerobic Exercise on Blood Pressure: A Meta-Analysis of Randomized, Controlled Trials. Whelton, S.P., et al. *Annals of Internal Medicine* 136 (7) (April 2, 2002): 493-503.

This article, published in the April 2, 2002, issue of the *Annals of Internal Medicine*, found that exercise significantly lowered blood pressure regardless of whether or not the participants had high blood pressure or were overweight. Although previous studies have shown regular exercise may lower blood pressure, such studies have not addressed how much and in which groups. The present study pooled data from 54 studies on the impact of at least 2 weeks of aerobic exercise—such as jogging, swimming, and cycling—on the blood pressures of 2,419 sedentary adults of various ethnic backgrounds, weights, and blood pressures.

Exercise Capacity and Mortality Among Men Referred for Exercise Testing. Myers, J., et al. *The New England Journal of Medicine* 346 (11) (March 14, 2002): 793-801.

This landmark study found that poor fitness increases the risk of death in subjects with elevated health risks such as smoking, diabetes, and diseases of the heart and lungs. The role of exercise in improving survival was evident for every risk group studied, including subjects who had had heart attacks and those with chronic emphysema and other lung diseases. In all cases, the risk of death in the patients most physically fit was about half that of the least fit. Improvements in the risk of death were greatest in patients who were least fit but who increased their physical activity. Their relative risk of death dropped by a higher proportion than that of any other group. The findings support those previously released by the Centers for Disease Control and Prevention, the American College of Sports Medicine, and the 1996 Surgeon General's Report on Physical Activity and Health.

Epidemic Increase in Childhood Overweight: 1986-1998. Strauss R.S., and Pollack, H.A. *Journal of the American Medical Association* 286(22) (December 12, 2001): 2845-2848.

This article reports the results of a recent study, which confirms that over the last decade childhood obesity has reached epidemic proportions in the United States. Boys, African Americans, Hispanics, and young people living in Southern States are disproportionately at risk. The research is the most comprehensive national picture of weight trends among children over the last 2 decades.

RESOURCES

More information about physical activity, fitness, and related public health issues are available from the following online resources:

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health. More information about *Healthy People 2010* is available at www.healthypeople.gov.

healthfinder® (www.healthfinder.gov) is a free guide to reliable consumer health and human services information, developed by the U.S. Department of Health and Human Services (www.hhs.gov). healthfinder® links to selected online publications, clearinghouses, databases, Web sites, and support and self-help groups, as well as Government agencies and not-for-profit organizations that produce reliable information for the public.

Physical Activity Fundamental to Preventing Disease is a new report released June 20, 2002 by the HHS Secretary. The report states that regular physical activity, fitness, and exercise are critically important for the health and well being of people of all ages, and that physical fitness should be a priority for people of all ages. The full report is available at <http://aspe.hhs.gov/health/reports/physicalactivity>.

The Surgeon General's Call To Prevent and Decrease Overweight and Obesity outlines an agenda for mobilizing communities and individuals to address the formidable public health challenge of overweight and obesity. Information about the document, including where to obtain a copy, is available at www.surgeongeneral.gov/topics/obesity.

The Physical Activity Evaluation Handbook outlines the six basic steps of program evaluation and illustrates each step with physical activity program examples. Appendices provide information about physical activity indicators, practical case studies, and additional evaluation resources. The handbook is available at www.cdc.gov/nccdphp/dnpa/physical/handbook/index.htm in both HTML and PDF formats.

The State-based Physical Activity Program Directory provides information about physical activity programs involving State departments of health. This site may be used to research programs, gather ideas, and share information. The directory is available at <http://apps.nccd.cdc.gov/DNPAProg>.

Bright Futures in Practice: Physical Activity provides developmental guidelines on physical activity for the periods of infancy through adolescence. The guide provides current information on screening, assessment, and counseling to promote physical activity and to meet the needs of health professionals, families, and communities. Ordering information and a downloadable version of the guide are available at www.brightfutures.org/physicalactivity/about.htm.

Physical Activity and Health: A Report of the Surgeon General focuses on physical activity and health, and summarizes literature from the fields of epidemiology, exercise physiology, medicine, and the behavioral sciences. It highlights what is known about physical activity and

health as well as what is being learned about promoting physical activity among adults and young people. The full report is available online at www.cdc.gov/nccdphp/sgr/sgr.htm.

Physical Activity Recommendations from the Guide to Community Preventive Services are evidence-based recommendations on effective population-level interventions to promote physical activity. More information about the recommendations is available at www.cdc.gov/nccdphp/dnpa/physical/recommendations.htm.

Promoting Physical Activity: A Guide for Community Action is a resource for professionals and volunteers who wish to promote physical activity in almost any setting—a community, a workplace, a school, a health care facility, an agency, or a religious institution. Information on ordering the guide is available at www.cdc.gov/nccdphp/dnpa/pahand.htm.

Guidelines for School and Community Programs To Promote Lifelong Physical Activity Among Young People identifies strategies most likely to be effective in helping young people adopt and maintain a physically active lifestyle. The guidelines were developed in collaboration with experts from CDC and other Federal agencies, State agencies, universities, voluntary organizations, and professional associations. More information is available at www.cdc.gov/nccdphp/dash/guidelines/index.htm.

The **School Health Index for Physical Activity and Healthy Eating Self-Assessment and Planning Guide** enables schools to identify strengths and weaknesses of their physical activity and nutrition policies and programs. It also provides a resource for developing an action plan for improving student health and for involving teachers, parents, students, and the community in enhancing school services. The School Health Index, as well as some companion materials, is available at www.cdc.gov/nccdphp/dash/shi/index.htm.

The **National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older** is the result of a collaboration among CDC, the National Institute on Aging, AARP, the American College of Sports Medicine, the American Geriatrics Society, the American Society on Aging, the Robert Wood Johnson Foundation, and the National Council on Aging. These groups worked together to develop activities to increase physical activity among older adults, one of which was the National Blueprint. More information is available at www.cdc.gov/nccdphp/dnpa/press/archive/blueprint.htm.

The **Girl Power!** Campaign, administered by the Substance Abuse and Mental Health Services Administration (www.samhsa.gov) offers a series of games and puzzles that promote physical activity, healthy eating, and the prevention of alcohol, tobacco, and illicit drug use. These fun pages are available at www.girlpower.gov/girlarea/gamespuz/index.htm.

Other Online Resources

- The American Heart Association (www.americanheart.org)
- National Association for Sport and Physical Education (www.aahperd.org/naspe/template.cfm)
- CDC Youth Risk Behavior Survey (www.cdc.gov/nccdphp/dash/yrbs/index.htm)
- CDC Division of Nutrition and Physical Activity (www.cdc.gov/nccdphp/dnpa)
- American Alliance for Health, Physical Education, Recreation, and Dance (www.aahperd.org)

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- The National Cancer Institute (www.nci.nih.gov)
 - The American Council on Exercise (www.acefitness.org)
 - Administration on Aging (www.aoa.gov)
 - Nemours Foundation (www.nemours.org)
 - The National Safety Council (www.nsc.org)
 - President's Council on Physical Fitness and Sports (www.fitness.gov)
 - The Cooper Institute for Aerobics Research (www.cooperinst.org)
 - Shape Up America (www.shapeup.org)
 - Girl Power! (www.girlpower.gov)
 - Weight-control Information Network (www.niddk.nih.gov/health/nutrit/win.htm)



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating prevention activities. *Prevention Report* is a service of ODPHP.

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